APPLICATION FOR TENT PERMIT

Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimension. All permits are issued to the applicant unless otherwise specified PLANNING DEPARTMENT 100 S Market St. Troy, OH 45373 Phone (937)339-9481, Fax (937)339-93 www.troyohio.gov

1 LOCATION OF PROJECT		Project Address				Subdivision				Lot No(s)	
OF TROJECT		Type of structure									
2 RI	EQD INFO	Names (Please Print)			Mailing	iling Addresses – Street, City, Zip Code Phone				Day time)	
APPLICANT			·						`	· /	
	CONTRACTOR										
	PROPERTY OWNER										
3	# of Tents	4 S			ize(s) of tent(s)						
5	5 Total sq ft of each tent			Up date of tent(s)				Down date of tent(s)			
8 Proposed Use of Tent			9	Will there be cooking in the tent? Yes No				Will there Yes	ill there be smoking in the tent? Yes No		
9 SIGN YOUR FULL NAME							OFF	OFFICE USE ONLY			
By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application allows a representative to enter said property for inspection purposes. Signature of applicant Date: Fax No						TEN	TYPE OF FEE TOTALS \$ TENT FEE 50.00 TTL AMT DUE				
OFFICE USE ONLY											
Z	ONING DISTRICT HISTORIC DISTRICT Yes No				FLOC A	DD ZONING AE X	TTL	AMT PAID			
							Date	Date: Recei		t No.	
APPROVAL CONTINGENT UPON THE FOLLOWING:											
PERMIT ISSUED BY:								NOTES:			
• REFER TO PERMIT NO: • DATE:											